

# Helping People Get the Services They Need

## *Standards for Access to Critical Health Services*

### **Standard 1**

***Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities and support services.***

#### **Local measures:**

1. Up-to-date information on local critical health services is available for use in building partnerships with community groups and stakeholders.
2. LHJ staff and contractors have a resource list of local providers of critical health services for use in making client referrals.
3. The list of critical health services is used along with assessment information to determine where detailed documentation of local capacity is needed.

#### **State measures:**

1. A list of critical health services is established and a core set of statewide access measures established. Information is collected on the core set of access measures, analyzed and reported to the LHJs and other agencies.
2. Information is provided to LHJs and other agencies about availability of licensed health care providers, facilities and support services.

### **Standard 2**

***Available information is used to analyze trends which, over time, affect access to critical health services.***

#### **Local measures:**

1. Data tracking and reporting systems include key measures of access. Periodic surveys are conducted regarding the availability of critical health services and barriers to access.
2. Gaps in access to critical health services are identified using periodic survey data and other assessment information.
3. The BOH receives summary information regarding access to critical health services at least annually.

#### **State measures:**

1. Consultation is provided to communities to help gather and analyze information about barriers to accessing critical health services.
2. Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other agencies in gathering and analyzing information regarding barriers to access.
3. Gaps in access to critical health services are identified using periodic survey data and other assessment information.
4. Periodic studies regarding workforce needs and the effect on critical health services are conducted, incorporated into the gap analysis and disseminated to LHJs and other agencies.

### **Standard 3**

***Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.***

#### **Local measures:**

1. Community groups and stakeholders, including health care providers, are convened to address access to critical health services, set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.
2. Coordination of critical health service delivery among health providers is reflected in the local planning processes and in the implementation of access initiatives.
3. Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives and performance measures.

#### **State measures:**

1. Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services.
2. State-initiated contracts and program evaluations include performance measures that demonstrate coordination of critical health services delivery among health providers.
3. Protocols are developed for implementation by state agencies, LHJs and other local providers to maximize enrollment and participation in available insurance coverage.
4. Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives and performance measures.

### **Standard 4**

***Quality measures that address the capacity, process for delivery and outcomes of critical health care services are established, monitored and reported.***

#### **Local measures:**

1. Clinical services provided directly by the LHJ or by contract have a written quality improvement plan including specific quality-based performance or outcome measures. Performance measures are tracked and reported.
2. Staff members are trained in quality improvement methods as evidenced by training documentation.

#### **State measures:**

1. Information about best practices in delivery of critical health services is gathered and disseminated. Summary information regarding delivery system changes is provided to LHJs and other agencies.
2. Training on quality improvement methods is available and is incorporated into grant and program requirements.
3. Regulatory programs and clinical services administered by DOH have a written quality improvement plan including specific quality-based performance
4. or outcome measures.